## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  | FOR LINE NUMBER: |     |  | :   | PAGE |     | 11 O | F  | 40 |     |
|--|------------------|-----|--|-----|------|-----|------|----|----|-----|
| Use separate schedule(s)                       | (check only one) |     |  |     |      |     |      |    |    |     |
| for each category of the Detailed Summary Page | X                | 11a |  | 11b |      | 11c |      | 12 |    |     |
| ,,   |                  | 13  |  | 14  |      | 15  |      | 16 |    | 717 |

| Any information copied from such Reports and sor for commercial purposes, other than using the | Statements may not be sold or used by any perse name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |  |  |  |
|--|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) Physician Hospitals of America                                     | Political Action Committee   |   |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Marius Maxwell                                     | Date of Receipt  |   |  |  |  |
| Mailing Address 4141 5th Street  |  | 03 16 _ 2007 _  |  |  |  |
| City   | State Zip Code   | Transaction ID : C139   |  |  |  |
| Rapid City   | SD 57701   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C  | 2000.00   |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |
| The Spine Center   | Neurosurgeon   |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 2000.00   |   |  |  |  |
| Full Name (Last, First, Middle Initial)  3. Douglas Neilson  Mailing Address 900 Karen Drive   |  | Date of Receipt   |  |  |  |
| Walling Address 900 Karen Drive  |  | 06 04 _2007 _   |  |  |  |
| City   | State Zip Code   | Transaction ID : C161   |  |  |  |
| Yankton  | SD 57078   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C  | 1000.00   |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |
| Yankton Bone & Joint   | Physician  |   |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1000.00   |   |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Thorir Ragnarsson                                  |  | Date of Receipt   |  |  |  |
| Mailing Address 575 Sioux Point Road   |  | 06 04 2007  |  |  |  |
| City   | State Zip Code   | Transaction ID : C159   |  |  |  |
| Dakota Dunes   | SD 57049   | Amount of Each Receipt this Period  |  |  |  |
| FEC ID number of contributing federal political committee.                                     | C  | 1000.00   |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |
| CNOS   | Physician  |   |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |  |  |  |
| Primary General Other (specify) ▼  | 1000.00  |   |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  | •  | 4000.00   |  |  |  |
| TOTAL This Period (last page this line number  | only)  |   |  |  |  |